	PATENT APPLICATION FEE DETERMINATION RECO										on or Docket Number		
Effective October 1, 2003									10-799-388				
			SMALL TYPE	ENTITY	OR		R THAN ENTITY						
TOTAL CLAIMS			45].	RATE	FEE	٦	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			45 minus 20=		• 25			XS 9=		OR	X\$18=	450	
INDEPENDENT CLAIMS			2 minus 3 =		•	Ö		X43=			X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT			. 0		+145=		OR			
• If the difference in column 1 is less than zero, enter *						column 2	1	TOTAL	_	OR	TOTAL	1220	
CLAIMS AS AMENDED - PART II										٠	OTHER		
3)12 4 (Column 1) (Column 2) (Column 3)							٠.	SMAL	LENTITY	OR	SMALL	ENTITY	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		NUM! PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON.	Total	. 45	Minus	- 4	5_	. —		X\$ 9=		OR	X\$18=		
ME	Independent	· 2	Minus	- a			П	X43=	: .	OR	X86=		
	FIRST PRESE	ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		,	+145=		OR	+290=		
					•		F	TOTA			TOTAL		
5	118/05	(Column 1)		(Colum	na żn	(Column 3)		VDOIT, FE	E	lou '	ADDIT. FEE		
		CLAIMS	· · ·	HIGH	ST		ן נ		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT		RATE	TIONAL		RATE	TIONAL	
	Total	. 47	Mirrus	- 4	5	- 2	\prod	X\$ 9=		OR	xs if-	10000	
	Independent	NTATION OF MIL	Minus	en 3	CLAIR	·	ł	X43=		OR	X86=		
	FINST PRESE			CHOCH	COURT		' [+145=		OR	+290=		
								TOYAL DOIT, FEE		OA	TOTAL ADDIT, FEE	i 00.00	
		(Column 1)		(Colum		(Column 3)					٠,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	MIGNE NUMB PREVIOU PAID F	ER . USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE	
	Total	•	Mimus	•			Ιſ	XS 9=		OR	X\$18=		
	Independent	•	Minus	•••		=		X43=			X86=		
9	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	CLAIM			+145=	•	OR		-	
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADD									OR	+290=		
(1	the Highest Nur.	mber Previously Per mber Previously Pa ber Previously Paid	id For IN THE	S SPACE IS	less that	20, enter "20." n 3, enter "3."	. :-	TOTAL DOTT. FEE of in the ex		•	ODIT. FEE		